

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

P. O. Box 526
Richmond, Virginia 23218-0526

APPLICATION FOR VIRGINIA PESTICIDE BUSINESS LICENSE
to sell, distribute, store, apply, or recommend pesticides for use.

The annual business license fee is \$50.00. Please make check payable to: **Treasurer of Virginia. Mail (1) application, (2) check, and (3) evidence of financial responsibility to the above address.**

Licenses expire on March 31 each year. Licenses renewed after March 31 each year are subject to a 20 percent late fee.

Please type or print the following information:

LEGAL NAME OF BUSINESS: _____

TRADING AS: _____

FEDERAL IDENTIFICATION NUMBER: _____

MAILING ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

NAME OF AUTHORIZED REPRESENTATIVE: _____

TITLE: _____ BUSINESS PHONE NO. _____

BUSINESS E-MAIL ADDRESS: _____

I certify that I understand my legal responsibilities for the use, supervision of use, sale, distribution, or storage of pesticides, and that if I sell pesticides, I will sell restricted use pesticides only to individuals who possess a valid pesticide applicators certificate, or to their representative.

SIGNATURE OF REPRESENTATIVE: _____ DATE: _____

This business will engage in the following (CHECK ALL THAT APPLY):

____ SELLING GENERAL USE PESTICIDES ____ DISTRIBUTION ____ **APPLYING PESTICIDES***
____ STORAGE ____ BULK STORAGE
____ **RECOMMENDING FOR USE ANY PESTICIDE*** ____ **SELLING RESTRICTED USE PESTICIDES***

***Requires a certified commercial applicator to be employed; provide information below:**

Name of Applicator: _____ Certificate Number: _____

ATTACH A COPY OF THE LIABILITY INSURANCE CERTIFICATE TO THE APPLICATION

BUSINESS PHYSICAL LOCATION ADDRESS: _____

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

BUSINESS BILLING ADDRESS IF DIFFERENT FROM ABOVE:

STREET: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

HOW DID YOU LEARN ABOUT THIS REQUIREMENT (CHECK ALL THAT APPLY):

____ CALL TO VDACS* ____ EXTENSION ____ PESTICIDE SUPPLIER ____ VDACS* INVESTIGATOR ____ RETAIL DISPLAY
VIRGINIA DEPT OF AGRICULTURE & CONSUMER SERVICES ____ VDACS WEB PAGE ____ OTHER

FOR DEPARTMENT USE ONLY:
Business License No. _____
Date Keyed/by: _____

AMOUNT TO REMIT: \$50.00

VDACS ACCT. 757-09-02438

VDACS-07209

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